

UTAH OVERSIZE/OVERWEIGHT PERMIT APPLICATION

PLEASE FAX TO 801-965-4399 OR 801-965-4936

*REQUIRED FIELDS, PERMIT WILL NOT BE ISSUED IF NOT FILLED OUT

*PERMIT START DATE_____/_____/_____ TODAYS DATE_____/_____/_____

CONTACT PERSON_____PHONE_____

*FAX #_____

COMPANY INFORMATION

*USDOT #_____

*COMPANY NAME_____

MAILING ADDRESS_____

*CITY_____ *STATE_____ ZIP _____

*TRACTOR INFORMATION

UNIT #_____ *VIN(full)_____

MAKE _____ YEAR _____ *PLATE # _____ STATE _____ EXP _____

*LOAD INFORMATION

☐ O/SIZE SINGLE TRIP ☐ OVERWEIGHT SINGLE TRIP ☐ Divisible or ☐ Non -Divisible

☐ SEMI-ANNUAL ☐ ANNUAL ☐ Divisible or ☐ Non -Divisible

☐ IRP TRIP-TRACTOR ☐ IRP TRIP-TRACTOR/TRAILER ☐ FUEL

*DESCRIPTION _____

*OVERALL DIMENSIONS

LENGTH _____ WIDTH _____ HEIGHT _____ R/O _____ F/O _____

MOBILE HOME WIDTH (Wall to Wall) _____ EAVE CURBSIDE _____ ROADSIDE _____

GROSS VEHICLE WEIGHT _____ (Non-Divisible Overweight Complete Chart Below)

Group Weight:

Axle # _____

Axle Spacing: _____

Axle # _____

Axle Spacing: _____

Axle Width: _____

1 2 3 4 5 6 7 8 9 10 11 12

ROUTING

*ORIGIN _____

*DESTINATION _____

ROUTE _____

*PAYMENT INFORMATION (\$6.50 per permit for credit card purchases)

CREDIT CARD # _____ EXP _____

ACCOUNT NAME _____